

APPLICATION FOR MILITARY DISCHARGE FORM (DD214)

Fayette County Clerk & Recorder
Vital Records
221 S Seventh St, Rm 106
Vandalia, IL 62471 (618) 283 – 5000

All applicants must complete this form and meet the eligibility requirements of Public Act 93-0468. (55ILCS 5/3-5015 [From Ch. 34, par. 3-5015]) **Valid Photo ID** is required to receive a copy of a military discharge (DD214).

SECTION A – Information regarding person named in discharge certificate.

NAME	FIRST	MIDDLE	LAST	
ADDRESS	STREET	CITY/STATE		ZIP CODE
DATE OF BIRTH	MM/DD/YYYY	SEX	BRANCH OF MILITARY	
SOCIAL SECURITY NUMBER	DATE OF DISCHARGE			

SECTION B - APPLICANT/MAILING INFORMATION

Applicant's Name	FIRST	MIDDLE	LAST (INCLUDING ANY SUFFIX)	
ADDRESS (INCLUDING APT. NO., IF APPLICABLE)		CITY	STATE	ZIP CODE
PHONE NUMBER ()		DRIVER'S LICENSE NUMBER /STATE		

I affirm, under the penalties for perjury, that the representations made on this application are true to the best of my knowledge and belief.

Date:

Signature:

Reason for Certificate:

A Military discharge form (DD214) or any other certificate of discharge or release from active-duty document that was issued by the United States government or any state government in reference to those who served with an active or inactive military reserve unit or National Guard force and that was recorded by a County Clerk or Recorder of Deeds **is not subject to public inspection**, enjoying all the protection covered by the federal Privacy Act of 1974 or any other privacy law. These documents shall be accessible only to the person named in the document, the named person's dependents, the county veterans' service officer, representatives of the Department of Veterans' Affairs, or any person with written authorization from the named person or the named person's dependents. **THERE IS NO CHARGE FOR THE DD214.**